Comprehensive Cancer Center of Wake Forest University
CCOP Research Base CCCWFU #: 98308 NCI # WFU 07-02-03

APPENDIX 6 - CCCWFU FLOW SHEET/ADDENDA

Registration: Date: _____ PID: _____		Local Med. Record #		Institution or CCOP:		PI Name:		MD Name: MD #:		**Please put remarks on Addenda page with NO. & Date**	
Study Visit		Baseline									
Date of Evaluation (M-D-Y)											
ECOG Performance Status											
RAI Stage (O, I, II, III, IV)											
Relevant	Ht./Wt										
Physical	BP/Pulse										
Findings	Temp										
	WBC/ANC										
	HGB/PLT										
Relevant	Lymphocytes										
	Preg Test (Serum)										
Lab(s)	Creatinine										
	Creatinine Clearance (if Creatinine >2.0)										
	SGOT/SGPT										
	T. Billi/Albumin										
	IGG/CD4 Count										
	Influenza/RSV Serology										
	Beta-2 Microglobulin										
	Diary Card										
	Toxicity Assessment Sheet (TAS)										
	Concurrent Medications Form										
Check if	Influenza										
Diagnosed	Hepes Zoster										
With	Major Infection										
Telephone	Date										
Contact Form											

Current Vaccination Date for: Pneumococcal _____/_____/_____ Hepatitis _____/_____/_____

Influenza _____/_____/_____ Tetanus _____/_____/_____

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Patient ID:	Date and visit (e.g., baseline, 6-month follow-up, etc):
Site name:	CRA name: